



January 1, 2023

Changes coming to your plan's pharmacy drug lists

There will be changes to the **Standard Opt Out Plan with ACSF** drug list that applies to your plan starting on **January 1, 2023**. It's important that you review the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for an exception, talk with your prescriber. Or, you can call us at the toll-free number on your Member ID card.

We'll contact you and your prescriber with our decision. If we approve your exception, you will pay your plan copay or cost-share. But first you must meet any deductible or out-of-pocket requirements of your pharmacy plan.

How to find a preferred medicine that's right for you

You can visit the website that's shown on your member ID card. Then log in to your account. To better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

The changes made to the prescription drugs in this chart are from the plan information we have for you. It is current as of the date of this letter.

UPPER CASE = brand-name medication

lower case = generic medication

Prescription Drug	Change(s)
ADBRY	Preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 4 syringes every 28 days
AKLIEF	Preferred brand drug
ALPROLIX	Preferred specialty drug; Preauthorization required
ARAZLO	Preferred brand drug
ARCALYST	Non-formulary drug
ASMANEX HFA	Non-preferred brand drug
ASMANEX TWISTHALER	Non-preferred brand drug
BENEFIX	Non-formulary drug
CIBINQO	Preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 30 tabs every 30 days
DAYVIGO	Preferred brand drug
diclofenac potassium	Non-formulary drug
diclofenac sodium solution 2%	Non-formulary drug
DOPTelet	Preferred specialty drug
ENDARI	Preferred specialty drug
ESBRIET	Non-formulary drug

Prescription Drug	Change(s)
FENSOLVI	Preferred specialty drug
FIRAZYR	Non-formulary drug
GAVRETO	Preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 120 caps every 30 days
GLEOSTINE	Non-preferred specialty drug
ILARIS	Preferred specialty drug
ILUMYA	Preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 1 syringe every 12 weeks
INLYTA	Preferred specialty drug
IXINITY	Non-formulary drug
LENVIMA	Preferred specialty drug
MALE CONDOMS	Quantity limits apply. You can fill up to 12 condoms every 25 days; For clients that have adopted the Affordable Care Act (ACA) Women's Preventive Services Benefit, this product will be covered without cost sharing with a prescription
MENOPUR	Preferred specialty drug
MULPLETA	Non-preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 7 tabs every 14 days
NARCAN	Non-preferred brand drug
NEXAVAR	Preferred specialty drug
NITYR	Non-formulary drug
norgesic	Non-formulary drug
NUCALA	Non-formulary drug
NULOJIX	Not covered under pharmacy benefit
orphenadrine / aspirin / caff	Non-formulary drug
QULIPTA	Preferred brand drug
RETEVMO CAP 40MG	Preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 60 caps every 30 days
RETEVMO CAP 80MG	Preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 120 caps every 30 days
RHOFADE	Preferred brand drug
RIXUBIS	Non-formulary drug
RUBRACA	Non-formulary drug
RYTARY	Preferred brand drug
SIKLOS	Preferred brand drug
SUBSYS	Non-preferred brand drug
SUTENT	Non-formulary drug
TAZORAC	Non-preferred brand drug
TOVIAZ	Non-preferred brand drug
TWYNEO	Preferred brand drug
VOTRIENT	Non-formulary drug
VUITY	Not covered under pharmacy benefit
WINLEVI	Preferred brand drug
XYNTHA	Preferred specialty drug
XYNTHA SOLOFUSE	Preferred specialty drug

Prescription Drug	Change(s)
ZYDELIG	Preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 60 caps every 30 days

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

Information is subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut, until the plans' renewal date.

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Policy forms issued in Oklahoma include: AL OK HCOC, HC COC00010.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, HO GrpPolAmend-ThirdPartyPay 01, AL SG GrpPolAmend 2019 01, HI HGrpAg SG 01R, HI SG GrpAgAmend 2019 01.

AL IVL HPOL-1A-2022-EPO-HIX 01, AL IVL-SOB-1A-EPO-HIX 01, AL IVL-SOB-1A-EPO-NA \$0-HIX 01, AL IVL HPOL-1A-2022-EPO 01, AL IVL-SOB-1A-EPO 01.

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገልግሎትን ያለ ክፍያ ለማግኘት፣ በመስዊቂያዎች ላይ ያለውን ቁጥር ይደውሉ፡ ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավելճար խորհրդատվություն ստանալու համար գանգահարէք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရဲဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakes ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguañhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ႠႱႪႨ ᑏႧႩႦႨႩ ᑏႧႯႧႨႩ ᐅ ᐱႦႨႩ ᑕႵႸႺႨႩႩ ᓃႤ, ᐅႩႦႩႨႩႦ ᐅႨႤ ᑕႴႨႩ ᐱႦႨႩႦ ᐅႨႩ ID ᐱႦႨႨႩ ᐅႧႦႩႩ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pillá ho ish i payahinla kv́t chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei anininisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ်ဂၢ်တၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပူၤလၢနကဘၣ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလီၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیر ئەگەریت بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບທາດປີໃຫຍ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dółzinígíí béesh bee hane'í biká'ígíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tō në ID kard duɔn de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

[illegible]

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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